

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Hospital Association PAC

ADDRESS (number and street) ▼

800 Tenth Street, NW

Two CityCenter, Suite 400

☐ Check if different than previously reported. (ACC)

Washington

DC

20001-4956

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00106146

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☒ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
08 01 2015

through

M M M / D D D / Y Y Y Y Y Y
08 31 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ms. Melinda Hatton

Signature of Treasurer

Ms. Melinda Hatton

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
09 16 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
08 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y
08 / 31 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2015		1653206.80
(b) Cash on Hand at Beginning of Reporting Period.....	2549915.77	
(c) Total Receipts (from Line 19)	143525.08	1584424.15
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	2693440.85	3237630.95
7. Total Disbursements (from Line 31)	29339.16	573529.26
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2664101.69	2664101.69
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	5

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	87097.39	615586.21
(ii) Unitemized	32654.39	205640.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	119751.78	821226.21
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	119751.78	826226.21
12. Transfers From Affiliated/Other Party Committees.....	23550.00	499250.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	256999.36
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	525.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	223.30	1423.58
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	143525.08	1584424.15
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	143525.08	1584424.15

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	339.16	4635.74
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	339.16	4635.74
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	29000.00	568493.52
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	400.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	400.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	29339.16	573529.26
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	29339.16	573529.26

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	119751.78	826226.21
34. Total Contribution Refunds (from Line 28(d))	0.00	400.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	119751.78	825826.21
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	339.16	4635.74
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	256999.36
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	339.16	-252363.62

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 6 OF 115

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Jason Bezozo

Mailing Address P O Box 25489

City

Phoenix

State

AZ

Zip Code

85002-5489

FEC ID number of contributing
federal political committee.

C

Name of Employer

Banner Health

Occupation

System Director Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	1		2	0	1	5

Transaction ID : 22633436

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ms. Kathy A. Bizarro FACHE

Mailing Address 544 Upper Straw Rd

City

Hopkinton

State

NH

Zip Code

03229-2023

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Hampshire Hospital Association

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

341.25

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	2		2	0	1	5

Transaction ID : 22641147

Amount of Each Receipt this Period

22.75

Full Name (Last, First, Middle Initial)

c. Mr. Stephen M. Ahnen

Mailing Address 125 Airport Road

City

Concord

State

NH

Zip Code

03301-7300

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Hampshire Hospital Association

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

682.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	2		2	0	1	5

Transaction ID : 22641148

Amount of Each Receipt this Period

45.50

SUBTOTAL of Receipts This Page (optional)..... ►

568.25

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 115

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Paula Minnehan

Mailing Address 283 Gallopiny Hill Road

City

Hopkinton

State

NH

Zip Code

03229-3402

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Hampshire Hospital Association

Occupation

V.P., Finance and Rural Hospitals

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 12 / 2015

Transaction ID : 22641149

Amount of Each Receipt this Period

16.70

Full Name (Last, First, Middle Initial)

B. Mr. Michael Stewart

Mailing Address 40 Juniper Drive

City

Bridgeport

State

WV

Zip Code

26330-9335

FEC ID number of contributing
federal political committee.

C

Name of Employer

United Hospital Center

Occupation

Medical Director

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 11 / 2015

Transaction ID : 22641157

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ms. Marie E Knedler RN, FACHE

Mailing Address 7500 Mercy Road

City

Omaha

State

NE

Zip Code

68124-2319

FEC ID number of contributing
federal political committee.

C

Name of Employer

CHI Health Bergan Mercy

Occupation

President

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 04 / 2015

Transaction ID : 22641165

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

766.70

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 8 OF 115
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Gary Botine

Mailing Address 3201 Foxley Drive

City	State	Zip Code
Ames	IA	50010-1109

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mary Greeley Medical Center

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	04	/	2015

Transaction ID : 22641166

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms. Karen Kerr RN

Mailing Address Drawer 'H'

City	State	Zip Code
Plant City	FL	33564-9058

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Florida Baptist Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	13	/	2015

Transaction ID : 22641178

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mr. John A Kolosky

Mailing Address 12902 Magnolia Drive

City	State	Zip Code
Tampa	FL	33612-9497

FEC ID number of contributing
federal political committee.

C

Name of Employer

H. Lee Moffitt Cancer Center and Resea

Occupation

Executive Vice President and Chief Ope

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	13	/	2015

Transaction ID : 22641179

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

2250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 9 OF 115
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Karen Owensby RN

Mailing Address 10 Merrell Rd.

City	State	Zip Code
Hendersonville	NC	28792-9660

FEC ID number of contributing
federal political committee.

C

Name of Employer

Florida Hospital North Pinellas

Occupation

Chief Clinical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	13	/	2015

Transaction ID : 22641180

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. Dr. Allen S Weiss MDMailing Address P O Box 413029
Apt 2

City	State	Zip Code
Naples	FL	34101-3029

FEC ID number of contributing
federal political committee.

C

Name of Employer

NCH Downtown Naples Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	13	/	2015

Transaction ID : 22641182

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Mr. Tim Johnsen

Mailing Address 3300 NW Expressway

City	State	Zip Code
Oklahoma City	OK	73112-4418

FEC ID number of contributing
federal political committee.

C

Name of Employer

Integris Baptist Medical Center

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	03	/	2015

Transaction ID : 22641200

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Sean Barden

Mailing Address 11422 Bluff's Ridge

City

Spotsylvania

State

VA

Zip Code

22551-8915

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mary Washington Hospital

Occupation

Executive Vice President and Chief Fin

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 05 / 2015

Transaction ID : 22641210

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Patrick Christiansen PhD

Mailing Address 3300 Gallows Road

City

Falls Church

State

VA

Zip Code

22042-3307

FEC ID number of contributing
federal political committee.

C

Name of Employer

Inova Fairfax Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 05 / 2015

Transaction ID : 22641211

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. James B Cole

Mailing Address 1701 North George Mason Drive

City

Arlington

State

VA

Zip Code

22205-3610

FEC ID number of contributing
federal political committee.

C

Name of Employer

Virginia Hospital Center - Arlington

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 05 / 2015

Transaction ID : 22641212

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Peter Gallagher

Mailing Address 13710 St Francis Boulevard

City

Midlothian

State

VA

Zip Code

23114-3267

FEC ID number of contributing
federal political committee.

C

Name of Employer

Valley Health System

Occupation

Chief Financial Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2015

Transaction ID : 22641213

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Mr. Michael V Gentry

Mailing Address 1328 Murray Drive

City

Chesapeake

State

VA

Zip Code

23322-1834

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sentara Healthcare

Occupation

Corporate Vice President

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2015

Transaction ID : 22641214

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Michael Malone

Mailing Address 11405 Havernen Road

City

Fairfax Station

State

VA

Zip Code

22039

FEC ID number of contributing
federal political committee.

C

Name of Employer

Virginia Hospital Center - Arlington

Occupation

Vice President

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2015

Transaction ID : 22641215

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ▶

1200.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Xavier Richardson

Mailing Address 8121 Lee Jackson Circle

City

Spotsylvania

State

VA

Zip Code

22553-3819

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mary Washington Hospital

Occupation

Executive Vice President Corporate Dev

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 05 / 2015

Transaction ID : 22641217

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Ms. Elizabeth Savage-Tracy

Mailing Address 361 dyckman Street

City

Peekskill

State

NY

Zip Code

10566-4631

FEC ID number of contributing
federal political committee.

C

Name of Employer

Valley Health System

Occupation

Vice President, Human Resources

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 05 / 2015

Transaction ID : 22641218

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Mr. Daniel Hyman

Mailing Address 13123 East 16th Avenue

City

Aurora

State

CO

Zip Code

80045-7106

FEC ID number of contributing
federal political committee.

C

Name of Employer

Children's Hospital Colorado

Occupation

Chief Quality and Patient Safety Offic

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 05 / 2015

Transaction ID : 22641230

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

950.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 13 OF 115
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Konnie Martin

Mailing Address 106 Blanca Avenue

City	State	Zip Code
Alamosa	CO	81101-2340

FEC ID number of contributing
federal political committee.

C

Name of Employer

San Luis Valley Health

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2015

Transaction ID : 22641239

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms Rocklon ChapinMailing Address 900 Long Lake Rd
Ste 170

City	State	Zip Code
New Brighton	MN	55112-6414

FEC ID number of contributing
federal political committee.

C

Name of Employer

Benedictine Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2015

Transaction ID : 22641251

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Thomas Crowley

Mailing Address 1200 Grant Boulevard West

City	State	Zip Code
Wabasha	MN	55981-1098

FEC ID number of contributing
federal political committee.

C

Name of Employer

Saint Elizabeth's Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2015

Transaction ID : 22641253

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 115

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Deb Fischer-Clemens

Mailing Address 3217 W Zephyr Pl #1

City

Sioux Falls

State

SD

Zip Code

57108-5029

FEC ID number of contributing
federal political committee.

C

Name of Employer

Avera Health

Occupation

Senior Vice President, Avera Center fo

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		10		2015

Transaction ID : 22641255

Amount of Each Receipt this Period

175.00

Full Name (Last, First, Middle Initial)

B. Mr. Steve Underdahl

Mailing Address 2000 North Avenue

City

Northfield

State

MN

Zip Code

55057-1498

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northfield Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		10		2015

Transaction ID : 22641271

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Harry L Berry

Mailing Address 913 North Dixie Avenue

City

Elizabethtown

State

KY

Zip Code

42701-2503

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hardin Memorial Hospital

Occupation

Chairman

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		10		2015

Transaction ID : 22641305

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

725.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 15 OF 115

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Juanita Deskins

Mailing Address 198 Cedar Hills Drive

City

Pikeville

State

KY

Zip Code

41501-8704

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pikeville Medical Center

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 10 / 2015

Transaction ID : 22641306

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Ms. Carol A Dwyer MSN, MM, R

Mailing Address One St Joseph Drive

City

Lexington

State

KY

Zip Code

40504-3742

FEC ID number of contributing
federal political committee.

C

Name of Employer

Saint Joseph Hospital

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 10 / 2015

Transaction ID : 22641307

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Mr. William A Brown FACHE

Mailing Address 2501 Kentucky Avenue

City

Paducah

State

KY

Zip Code

42003-3813

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baptist Health Paducah

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 10 / 2015

Transaction ID : 22641308

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 16 OF 115
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Steven Grinnell

Mailing Address P O Box 7100

City

Paducah

State

KY

Zip Code

42002-7100

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lourdes Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		10		2015

Transaction ID : 22641309

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Kevin Halter

Mailing Address P O Box 789

City

Ashland

State

KY

Zip Code

41105-0789

FEC ID number of contributing
federal political committee.

C

Name of Employer

Our Lady of Bellefonte Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		10		2015

Transaction ID : 22641312

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. John Hollinsworth

Mailing Address 8521 Old Lagrange Road

City

Louisville

State

KY

Zip Code

40223

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brook Hospital - KMI, The

Occupation

Divisional Vice President

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		10		2015

Transaction ID : 22641313

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 115

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Col Jerome Penner

Mailing Address 803 Poplar Street

City

Murray

State

KY

Zip Code

42071-2432

FEC ID number of contributing
federal political committee.

C

Name of Employer

Murray-Calloway County Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		1	0		2	0	1	5		

Transaction ID : 22641314

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ms. Jane Wheatley

Mailing Address 1700 Old Lebanon Road

City

Campbellsville

State

KY

Zip Code

42718-9662

FEC ID number of contributing
federal political committee.

C

Name of Employer

Taylor Regional Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		1	0		2	0	1	5		

Transaction ID : 22641315

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Ms. Theresa L. Edelstein

Mailing Address 27 Harvest Lane

City

Livingston

State

NJ

Zip Code

07039-2750

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Vice President Continuing Care Service

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

217.10

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		0	7		2	0	1	5		

Transaction ID : 22644542

Amount of Each Receipt this Period

6.50

SUBTOTAL of Receipts This Page (optional)..... ►

1006.50

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 115

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Michael Guerriero

Mailing Address 760 Alexander Road

City State Zip Code
 Princeton NJ 08540-6305

FEC ID number of contributing
federal political committee.

C

Name of Employer
 New Jersey Hospital Association

Occupation
 Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

263.90

Date of Receipt

08 / 07 / 2015

Transaction ID : 22644545

Amount of Each Receipt this Period

6.50

Full Name (Last, First, Middle Initial)

B. Mr. Sean J. Hopkins

Mailing Address 6180 Lower Mountain Road

City State Zip Code
 New Hope PA 18938-5760

FEC ID number of contributing
federal political committee.

C

Name of Employer
 New Jersey Hospital Association

Occupation
 Sr. VP., Health Economics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

263.30

Date of Receipt

08 / 07 / 2015

Transaction ID : 22644546

Amount of Each Receipt this Period

6.50

Full Name (Last, First, Middle Initial)

C. Mr. David P. Lavins

Mailing Address 10 Fox Chase Road

City State Zip Code
 Malvern PA 19355-3441

FEC ID number of contributing
federal political committee.

C

Name of Employer
 New Jersey Hospital Association

Occupation
 Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

357.50

Date of Receipt

08 / 07 / 2015

Transaction ID : 22644549

Amount of Each Receipt this Period

6.50

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

19.50

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. John Slotman

Mailing Address 760 Alexander Road

City

Princeton

State

NJ

Zip Code

08540-6305

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

VP, GME and Teaching Hospital Issues

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.79

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		07		2015

Transaction ID : 22644554

Amount of Each Receipt this Period

6.50

Full Name (Last, First, Middle Initial)

B. Ms. Mary C. Becker

Mailing Address 7800 South Eagle Road

City

Columbia

State

MO

Zip Code

65203-9017

FEC ID number of contributing
federal political committee.

C

Name of Employer

Missouri Hospital Association

Occupation

Senior VP, Commc. & Health Improvement

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		07		2015

Transaction ID : 22645914

Amount of Each Receipt this Period

46.88

Full Name (Last, First, Middle Initial)

C. Mr. Herb B Kuhn

Mailing Address P O Box 60

City

Jefferson City

State

MO

Zip Code

65102-0060

FEC ID number of contributing
federal political committee.

C

Name of Employer

Missouri Hospital Association

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		07		2015

Transaction ID : 22645922

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)..... ►

178.38

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 20 OF 115

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Daniel R. Landon

Mailing Address 1811 Forest Park Court

City

Jefferson City

State

MO

Zip Code

65109-9782

FEC ID number of contributing
federal political committee.

C

Name of Employer

Missouri Hospital Association

Occupation

Sr. Vice President, Governmental Relat

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

MM / DD / YYYY
08 / 07 / 2015

Transaction ID : 22645923

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Ms. Margaret Allen

Mailing Address 311 Broxton Rd

City

Baltimore

State

MD

Zip Code

21212-3532

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sheppard Pratt Health System

Occupation

Board Member

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

MM / DD / YYYY
08 / 04 / 2015

Transaction ID : 22648005

Amount of Each Receipt this Period

340.00

Full Name (Last, First, Middle Initial)

C. Richard O. Berndt

Mailing Address 111 Beechdale Road

City

Baltimore

State

MD

Zip Code

21210-2208

FEC ID number of contributing
federal political committee.

C

Name of Employer

Johns Hopkins Hospital

Occupation

Board Member

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

MM / DD / YYYY
08 / 04 / 2015

Transaction ID : 22648009

Amount of Each Receipt this Period

340.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

805.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 115

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Stuart M. Levine M.D.

Mailing Address 6 Morrisway Road

City

Owings Mills

State

MD

Zip Code

21117-2139

FEC ID number of contributing
federal political committee.

C

Name of Employer

MedStar Harbor Hospital

Occupation

Vice President of Medical Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	04	/	2015

Transaction ID : 22648017

Amount of Each Receipt this Period

255.00

Full Name (Last, First, Middle Initial)

B. Dr. Redonda G Miller MD

Mailing Address 108 Saint Dunstons Road

City

Baltimore

State

MD

Zip Code

21212-3310

FEC ID number of contributing
federal political committee.

C

Name of Employer

Johns Hopkins Hospital

Occupation

Vice President Medical Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	04	/	2015

Transaction ID : 22648020

Amount of Each Receipt this Period

255.00

Full Name (Last, First, Middle Initial)

C. Mr. Ronald R Peterson

Mailing Address 1403 Lytham Court

City

Bel Air

State

MD

Zip Code

21015-5691

FEC ID number of contributing
federal political committee.

C

Name of Employer

Johns Hopkins Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	04	/	2015

Transaction ID : 22648024

Amount of Each Receipt this Period

255.00

SUBTOTAL of Receipts This Page (optional)..... ►

765.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 22 OF 115

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Bettina Adjei M.D.

Mailing Address 360 Chamborley Drive

City

Reisterstown

State

MD

Zip Code

21136-6149

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carroll Hospital Center

Occupation

Medical Director

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		11		2015

Transaction ID : 22648031

Amount of Each Receipt this Period

255.00

Full Name (Last, First, Middle Initial)

B. Mr. Bradley Chambers

Mailing Address 1512 Applecroft Lane

City

Cockeysville

State

MD

Zip Code

21030-1626

FEC ID number of contributing
federal political committee.

C

Name of Employer

MedStar Union Memorial Hospital

Occupation

President

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		11		2015

Transaction ID : 22648032

Amount of Each Receipt this Period

340.00

Full Name (Last, First, Middle Initial)

C. Dr. Gene E Green MD

Mailing Address 708 Springdale Ave

City

Annapolis

State

MD

Zip Code

21403-2923

FEC ID number of contributing
federal political committee.

C

Name of Employer

Suburban Hospital

Occupation

President

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		11		2015

Transaction ID : 22648033

Amount of Each Receipt this Period

255.00

SUBTOTAL of Receipts This Page (optional)..... ►

850.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. David Hodgson

Mailing Address 755 Park Avenue, Apt. 12B

City

New York

State

NY

Zip Code

10021-4283

FEC ID number of contributing
federal political committee.

C

Name of Employer

Johns Hopkins Health System

Occupation

Board member

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	11	/	2015

Transaction ID : 22648035

Amount of Each Receipt this Period

510.00

Full Name (Last, First, Middle Initial)

B. William McCone

Mailing Address 263 Capote Ct E

City

Severna Park

State

MD

Zip Code

21146-2130

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maryland Hospital Association

Occupation

Vice President

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	11	/	2015

Transaction ID : 22648039

Amount of Each Receipt this Period

510.00

Full Name (Last, First, Middle Initial)

C. Mr. Walter Jim Reiter

Mailing Address 580 Wayward Court

City

Annapolis

State

MD

Zip Code

21401-6746

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maryland Hospital Association

Occupation

Senior Vice President Communications

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	11	/	2015

Transaction ID : 22648040

Amount of Each Receipt this Period

510.00

SUBTOTAL of Receipts This Page (optional)..... ►

1530.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 24 OF 115
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Cynthia Adams PhD, RN, A

Mailing Address 1925 Culbertson Road

City	State	Zip Code
Shelbyville	IN	46176-2839

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Vincent Health

Occupation

Chief Nurse Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	04	/	2015

Transaction ID : 22648775

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Raymond Dusman, M.D.

Mailing Address 2109 Turnberry Lane

City	State	Zip Code
Fort Wayne	IN	46814-9394

FEC ID number of contributing
federal political committee.

C

Name of Employer

Parkview Health

Occupation

Chief Physician Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	04	/	2015

Transaction ID : 22648785

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Bernice Ulrich

Mailing Address 4655 Running Brook Terrace

City	State	Zip Code
Greenwood	IN	46143-9255

FEC ID number of contributing
federal political committee.

C

Name of Employer

Indiana Hospital Association

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	04	/	2015

Transaction ID : 22648810

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Robert A Chrencik

Mailing Address 12028 Misty Rise Court

City

Clarksville

State

MD

Zip Code

21029-1256

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Maryland Medical System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

08 / 17 / 2015

Transaction ID : 22648975

Amount of Each Receipt this Period

510.00

Full Name (Last, First, Middle Initial)

B. Dr. Margaret Naleppa PhD

Mailing Address 1121 Riverside Drive

City

Salisbury

State

MD

Zip Code

21801-5422

FEC ID number of contributing
federal political committee.

C

Name of Employer

Peninsula Regional Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

08 / 17 / 2015

Transaction ID : 22648978

Amount of Each Receipt this Period

510.00

Full Name (Last, First, Middle Initial)

C. Mr. Chad R. Austin

Mailing Address 6518 SW 26th Court

City

Topeka

State

KS

Zip Code

66614-4305

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kansas Hospital Association

Occupation

Sr. Vice President, Government Relatio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

08 / 13 / 2015

Transaction ID : 22648998

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1058.46

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Deb Fischer-Clemens

Mailing Address 3217 W Zephyr Pl #1

City

Sioux Falls

State

SD

Zip Code

57108-5029

FEC ID number of contributing
federal political committee.

C

Name of Employer

Avera Health

Occupation

Senior Vice President, Avera Center fo

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2015

Transaction ID : 22649036

Amount of Each Receipt this Period

175.00

Full Name (Last, First, Middle Initial)

B. Mr. Michael T Hansen FACHE

Mailing Address 3760 Regency Pl

City

Columbus

State

NE

Zip Code

68602-1800

FEC ID number of contributing
federal political committee.

C

Name of Employer

Columbus Community Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2015

Transaction ID : 22649041

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Dale Clark

Mailing Address 310 Third Street NE

City

Norton

State

VA

Zip Code

24273-1137

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mountain View Regional Medical Center

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2015

Transaction ID : 22649837

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

775.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 115

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. James Hilbert

Mailing Address 1060 First Colonial Road

City

Virginia Beach

State

VA

Zip Code

23454-3002

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sentara Virginia Beach General Hospita

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 17 / 2015

Transaction ID : 22649838

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Ms Kim Roe

Mailing Address 2632 Wycliffe Ave

City

Roanoke

State

VA

Zip Code

24014-2336

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carilion Clinic

Occupation

VP/Family & Community Medicine

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 17 / 2015

Transaction ID : 22649839

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Mr Jon Sweet

Mailing Address 6210 Juliet Ct

City

Roanoke

State

VA

Zip Code

24018-7796

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carilion Clinic

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 17 / 2015

Transaction ID : 22649840

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

1050.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Darlene Vrotsos

Mailing Address 2653 Park Tower Drive

City State Zip Code
 Vienna VA 22180-7386

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Virginia Hospital Center - Arlington

Occupation
 Chief Nursing Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY
 08 / 17 / 2015

Transaction ID : 22649841

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Ms. Lauren Blalock

Mailing Address 1000 Linsay Court

City State Zip Code
 Fredericksburg VA 22401-3210

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Mary Washington Healthcare

Occupation
 Director Regulatory Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY
 08 / 17 / 2015

Transaction ID : 22649848

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Mr. William Carrico

Mailing Address 109 Tyler Court

City State Zip Code
 Stephens City VA 22655-2371

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Valley Health System

Occupation
 Chief Financial Officer-SMH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY
 08 / 17 / 2015

Transaction ID : 22649849

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1050.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 OF 115

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr Herbert Cummings

Mailing Address 1721 Stevens St

City

Henrico

State

VA

Zip Code

23231-5733

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bon Secours St. Mary's Hospital

Occupation

Chief Operating Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 17 / 2015

Transaction ID : 22649850

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Ms. Joanne Inman

Mailing Address 212 B 7th Street

City

Virginia Beach

State

VA

Zip Code

23451-3520

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sentara Virginia Beach General Hospita

Occupation

Vice President Operations

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 17 / 2015

Transaction ID : 22649851

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

c. Dr. Stephen A. Morgan MD

Mailing Address 2581 Inglewood Road

City

Roanoke

State

VA

Zip Code

24015-4442

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carilion Clinic

Occupation

Senior Vice President and Chief Medica

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 17 / 2015

Transaction ID : 22649852

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

1050.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Joseph M Oddis

Mailing Address 3636 High Street

City

Portsmouth

State

VA

Zip Code

23707-3236

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bon Secours Maryview Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 17 / 2015

Transaction ID : 22649853

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Ms. Kathryn S Wall

Mailing Address 2300 Fall Hill Ave Ste 308

City

Fredericksburg

State

VA

Zip Code

22401-3343

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mary Washington Hospital

Occupation

Executive Vice President Human Resourc

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 17 / 2015

Transaction ID : 22649854

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Ms. Barbara Ohm

Mailing Address 5848 South 300 East

City

Murray

State

UT

Zip Code

84107-6157

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopedic Specialty Hospital, The

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 20 / 2015

Transaction ID : 22649871

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1200.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 31 OF 115
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Gordon Crabtree

Mailing Address 50 North Medical Drive

City	State	Zip Code
Salt Lake City	UT	84132-0002

FEC ID number of contributing
federal political committee.

C

Name of Employer	Occupation
University of Utah Health Care - Hospi	Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	20	/	2015

Transaction ID : 22649872

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Michael A Clark

Mailing Address 4401 Harrison Boulevard

City	State	Zip Code
Ogden	UT	84403-3195

FEC ID number of contributing
federal political committee.

C

Name of Employer	Occupation
McKay-Dee Hospital Center	Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	20	/	2015

Transaction ID : 22649873

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Mark Holyoak

Mailing Address 300 North Hospital Drive

City	State	Zip Code
Price	UT	84501-4218

FEC ID number of contributing
federal political committee.

C

Name of Employer	Occupation
Castview Hospital	Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	20	/	2015

Transaction ID : 22649874

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Mark F Dalley

Mailing Address P O Box 759

City

Gunnison

State

UT

Zip Code

84634-0759

FEC ID number of contributing
federal political committee.

C

Name of Employer

Gunnison Valley Hospital

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 20 / 2015

Transaction ID : 22649875

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr Mark C Miller

Mailing Address 50 North Medical Drive

City

Salt Lake City

State

UT

Zip Code

84132-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Utah Health Care - Hospi

Occupation

Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 20 / 2015

Transaction ID : 22649876

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Mark B Adams

Mailing Address 5475 South 500 East

City

Ogden

State

UT

Zip Code

84405-6905

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ogden Regional Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 20 / 2015

Transaction ID : 22649877

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Nancy Engle

Mailing Address 1700 Pine Grove Avenue

City State Zip Code
 Colorado Springs CO 80906-2928

FEC ID number of contributing
federal political committee.

C

Name of Employer

Memorial Hospital

Occupation

Government Affairs Advocate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 21 / 2015

Transaction ID : 22649886

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Gene L O'Hara

Mailing Address 1000 Lincoln Street

City State Zip Code
 Fort Morgan CO 80701-3290

FEC ID number of contributing
federal political committee.

C

Name of Employer

Colorado Plains Medical Center

Occupation

Interim Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 21 / 2015

Transaction ID : 22649888

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Ms. Margaret D Sabin

Mailing Address P O Box 7021

City State Zip Code
 Colorado Springs CO 80933-7021

FEC ID number of contributing
federal political committee.

C

Name of Employer

Penrose-St. Francis Health Services

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 21 / 2015

Transaction ID : 22649894

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr Andrew S Freed

Mailing Address 29 Laurel Street

City

Melrose

State

MA

Zip Code

02176-4023

FEC ID number of contributing
federal political committee.

C

Name of Employer

Massachusetts Hospital Association

Occupation

Director Member Relations and Informat

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

562.50

Date of Receipt

08 / 21 / 2015

Transaction ID : 22649912

Amount of Each Receipt this Period

562.50

Full Name (Last, First, Middle Initial)

B. Ms. Sue Anderson

Mailing Address 900 Seneca St

City

Seattle

State

WA

Zip Code

98122-4212

FEC ID number of contributing
federal political committee.

C

Name of Employer

Virginia Mason Medical Center

Occupation

Senior Vice President, Chief Financial

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 19 / 2015

Transaction ID : 22649924

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Dean Gushee MD

Mailing Address P O Box 1668

City

Shelton

State

WA

Zip Code

98584-5001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mason General Hospital

Occupation

Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 19 / 2015

Transaction ID : 22649925

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1062.50

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mrs. Renee K Jensen

Mailing Address 600 East Main Street

City	State	Zip Code
Elma	WA	98541-9560

FEC ID number of contributing federal political committee.

C

Name of Employer

Summit Pacific Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	19	/	2015

Transaction ID : 22649927

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Mr. Eric Moll

Mailing Address P O Box 1668

City	State	Zip Code
Shelton	WA	98584-5001

FEC ID number of contributing federal political committee.

C

Name of Employer

Mason General Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	19	/	2015

Transaction ID : 22649928

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ms. Andrea Nenzel

Mailing Address 107 East 35th Street

City	State	Zip Code
Vancouver	WA	98663-2206

FEC ID number of contributing federal political committee.

C

Name of Employer

PeaceHealth

Occupation

Board Chair

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	19	/	2015

Transaction ID : 22649929

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ▶

800.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Ronald Rehn

Mailing Address 688 C Mahoney Rd

City

Colville

State

WA

Zip Code

99114-8748

FEC ID number of contributing
federal political committee.

C

Name of Employer

Providence Mount Carmel Hospital

Occupation

Chief Operating Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	19	/	2015

Transaction ID : 22649930

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms. Donna SmithMailing Address 1100 Ninth Avenue
PO Box 900

City

Seattle

State

WA

Zip Code

98101-2756

FEC ID number of contributing
federal political committee.

C

Name of Employer

Virginia Mason Medical Center

Occupation

Medical Director

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	19	/	2015

Transaction ID : 22649931

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. John Vassall MD

Mailing Address 747 Broadway

City

Seattle

State

WA

Zip Code

98122-4379

FEC ID number of contributing
federal political committee.

C

Name of Employer

Swedish Health Services

Occupation

Chief Medical Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	19	/	2015

Transaction ID : 22649933

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Elaine Couture BSN, MBA,

Mailing Address P O Box 2555

City

Spokane

State

WA

Zip Code

99220-2555

FEC ID number of contributing
federal political committee.

C

Name of Employer

Providence Sacred Heart Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 08 / 19 / 2015

Transaction ID : 22649934

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. Mr. Anthony A Armada

Mailing Address 747 Broadway

City

Seattle

State

WA

Zip Code

98122-4379

FEC ID number of contributing
federal political committee.

C

Name of Employer

Swedish Health Services

Occupation

Senior Vice President, Chief Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 08 / 19 / 2015

Transaction ID : 22649935

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

C. Ms. Taya Briley RN, MN, JD

Mailing Address 2312 North 39th Street

City

Seattle

State

WA

Zip Code

98103-8444

FEC ID number of contributing
federal political committee.

C

Name of Employer

Washington State Hospital Association

Occupation

General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 08 / 19 / 2015

Transaction ID : 22649936

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1650.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Florence Chang

Mailing Address 2116 87th Street NW

City State Zip Code
Gig Harbor WA 98332-7551

FEC ID number of contributing federal political committee.

C

Name of Employer Occupation
MultiCare Mary Bridge Children's Hospi Senior Vice President, Clinical Suppor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 19 2015

Transaction ID : 22649937

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Robert H Malte

Mailing Address 12040 NE 128th Street

City State Zip Code
Kirkland WA 98034-3013

FEC ID number of contributing federal political committee.

C

Name of Employer Occupation
EvergreenHealth Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 19 2015

Transaction ID : 22649942

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

C. Ms. Sarah Patterson

Mailing Address P O Box 900

City State Zip Code
Seattle WA 98111-0900

FEC ID number of contributing federal political committee.

C

Name of Employer Occupation
Virginia Mason Medical Center Executive Vice President and Chief Ope

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 19 2015

Transaction ID : 22649943

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Claudia R. Sanders

Mailing Address 4230 - 51st Avenue NE

City
Seattle

State
WA

Zip Code
98105-4931

FEC ID number of contributing
federal political committee.

C

Name of Employer

Washington State Hospital Association

Occupation

Sr. Vice President, Policy Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

08 / 19 / 2015

Transaction ID : 22649944

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

B. Mr. Preston M Simmons FACHE

Mailing Address P O Box 1147

City
Everett

State
WA

Zip Code
98206-1147

FEC ID number of contributing
federal political committee.

C

Name of Employer

Providence Regional Medical Center Eve

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

08 / 19 / 2015

Transaction ID : 22649945

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

C. Mr. Jeffrey A Thompson

Mailing Address 12605 East 16th Avenue

City
Aurora

State
CO

Zip Code
80045-2545

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Colorado Hospital

Occupation

Director Government and Corporate Rela

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 17 / 2015

Transaction ID : 22650123

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Brett Spent

Mailing Address 7700 South Broadway Street

City	State	Zip Code
Littleton	CO	80122-2602

FEC ID number of contributing
federal political committee.

C

Name of Employer
Littleton Adventist HospitalOccupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2015

Transaction ID : 22650182

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms. JoAnn Birdzell

Mailing Address 12431 Van Buren

City	State	Zip Code
Crown Point	IN	46307-9210

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Catherine HospitalOccupation
Chief Executive Officer and Administra

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	21	/	2015

Transaction ID : 22650536

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Robert Brody

Mailing Address 1805 Braeburn Drive

City	State	Zip Code
Carmel	IN	46032-8364

FEC ID number of contributing
federal political committee.

C

Name of Employer
Franciscan AllianceOccupation
Sr. VP/ COO Amb. Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	21	/	2015

Transaction ID : 22650537

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Denise Dillard

Mailing Address 3655 Washington Street

City

State

Zip Code

Gary

IN

46408-1604

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Methodist Hospitals

Vice President

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	21	/	2015

Transaction ID : 22650538

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. David W Hyatt

Mailing Address 331 W. 200 S.

City

State

Zip Code

Portland

IN

47371-8721

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Jay County Hospital

Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	21	/	2015

Transaction ID : 22650542

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr. Raymond V Ingham PhD

Mailing Address 217 East Drive

City

State

Zip Code

Lebanon

IN

46052-1221

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Witham Memorial Hospital

President and Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	21	/	2015

Transaction ID : 22650543

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Robert D McLin

Mailing Address 5506 N. Water Tower Road

City

Bruceville

State

IN

Zip Code

47516-6035

FEC ID number of contributing
federal political committee.

C

Name of Employer

Good Samaritan Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 21 / 2015

Transaction ID : 22650546

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Martin Padgett

Mailing Address 1606 Fox Run Trail

City

Jeffersonville

State

IN

Zip Code

47130-8204

FEC ID number of contributing
federal political committee.

C

Name of Employer

Clark Memorial Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 21 / 2015

Transaction ID : 22650549

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Carl W. Risk II

Mailing Address 2479 Woods Edge Drive

City

Madison

State

IN

Zip Code

47250-2389

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Vincent Jennings Hospital

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 21 / 2015

Transaction ID : 22650552

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X)
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for each category of the
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Steven J West

Mailing Address 314 E. Hickory Grover Road

City

Hartford City

State

IN

Zip Code

47348-1011

FEC ID number of contributing
federal political committee.

C

Name of Employer

Indiana University Health Blackford Ho

Occupation

Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	21	/	2015

Transaction ID : 22650555

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Saad Ehtisham RN, MBA, M

Mailing Address 9548 Mid Summer

City

Leesburg

State

FL

Zip Code

34788-3698

FEC ID number of contributing
federal political committee.

C

Name of Employer

Central Florida Health Alliance

Occupation

Senior VP and Chief Operating Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	21	/	2015

Transaction ID : 22652413

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. James R Nathan

Mailing Address 13681 Doctor's Way

City

Fort Myers

State

FL

Zip Code

33912-4300

FEC ID number of contributing
federal political committee.

C

Name of Employer

Gulf Coast Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	21	/	2015

Transaction ID : 22652415

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Jamal Hakim MD

Mailing Address 9319 Tibet Pointe Circle

City

Windermere

State

FL

Zip Code

34786-5632

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orlando Health

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	21	/	2015

Transaction ID : 22652417

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Ms. Sharon P Andre RN, MS, FAMailing Address 875 NW Flagler Ave
Apt 403

City

Stuart

State

FL

Zip Code

34994-1156

FEC ID number of contributing
federal political committee.

C

Name of Employer

Martin Health System

Occupation

Assist. VP, Peri-Op & Cardiovascular S

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	21	/	2015

Transaction ID : 22652422

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr Per HeidenreichMailing Address 4 Sound Shore Drive
Unit 23

City

Greenwich

State

CT

Zip Code

06830-7266

FEC ID number of contributing
federal political committee.

C

Name of Employer

Martin Health System

Occupation

Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	21	/	2015

Transaction ID : 22652423

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. H. Furlong Baldwin

Mailing Address Box 547

City	State	Zip Code
Cheriton	VA	23316-0547

FEC ID number of contributing
federal political committee.

C

Name of Employer
Johns Hopkins HospitalOccupation
Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		27		2015

Transaction ID : 22653752

Amount of Each Receipt this Period

340.00

Full Name (Last, First, Middle Initial)

B. Nora E. Hoban

Mailing Address 8620 Stonehouse Drive

City	State	Zip Code
Ellicott City	MD	21043-1954

FEC ID number of contributing
federal political committee.

C

Name of Employer
Maryland Hospital AssociationOccupation
Senior Vice President, Policy & Data A

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		27		2015

Transaction ID : 22653762

Amount of Each Receipt this Period

510.00

Full Name (Last, First, Middle Initial)

C. Mr. Michael B Robbins

Mailing Address 4516 Doncaster Drive

City	State	Zip Code
Ellicott City	MD	21043-6767

FEC ID number of contributing
federal political committee.

C

Name of Employer
Maryland Hospital AssociationOccupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		27		2015

Transaction ID : 22653770

Amount of Each Receipt this Period

510.00

SUBTOTAL of Receipts This Page (optional)..... ►

1360.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 OF 115

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Michael Taylor

Mailing Address 3209 High Borough

City	State	Zip Code
Virginia Beach	VA	23452-7051

FEC ID number of contributing federal political committee.

C

Name of Employer

Sentara Healthcare

Occupation

SVP Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	26	/	2015

Transaction ID : 22653868

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. David Woolwine

Mailing Address 103 Manokin Turn

City	State	Zip Code
Yorktown	VA	23693-2787

FEC ID number of contributing federal political committee.

C

Name of Employer

Sentara Healthcare

Occupation

Chief Learning Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	26	/	2015

Transaction ID : 22653869

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Mr. Paul Chidester

Mailing Address 1408 Five Hill Trail

City	State	Zip Code
Virginia Beach	VA	23452-4704

FEC ID number of contributing federal political committee.

C

Name of Employer

Chesapeake Regional Medical Center

Occupation

Vice President of Medical Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	26	/	2015

Transaction ID : 22654453

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

1200.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 OF 115

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Ruth Dyster

Mailing Address 1034 Towlson Rd

City	State	Zip Code
McLean	VA	22102-1111

FEC ID number of contributing
federal political committee.

C

Name of Employer	Occupation
Virginia Hospital Center - Arlington	Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	26	/	2015

Transaction ID : 22654463

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Mr. Floyd Heater

Mailing Address 759 South Main Street

City	State	Zip Code
Woodstock	VA	22664-1127

FEC ID number of contributing
federal political committee.

C

Name of Employer	Occupation
Shenandoah Memorial Hospital	President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	26	/	2015

Transaction ID : 22654468

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Mr. Robert F Letson FACHE

Mailing Address 4300 Bartlett Street

City	State	Zip Code
Homer	AK	99603-7005

FEC ID number of contributing
federal political committee.

C

Name of Employer	Occupation
South Peninsula Hospital	Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : 22679756

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1200.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 48 OF 115

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Kathy A. Bizarro FACHE

Mailing Address 544 Upper Straw Rd

City

Hopkinton

State

NH

Zip Code

03229-2023

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Hampshire Hospital Association

Occupation

Executive Vice President

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

364.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 08 / 28 / 2015

Transaction ID : 22679791

Amount of Each Receipt this Period

22.75

Full Name (Last, First, Middle Initial)

B. Mr. Stephen M. Ahnen

Mailing Address 125 Airport Road

City

Concord

State

NH

Zip Code

03301-7300

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Hampshire Hospital Association

Occupation

President

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

728.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 08 / 28 / 2015

Transaction ID : 22679792

Amount of Each Receipt this Period

45.50

Full Name (Last, First, Middle Initial)

C. Ms. Paula Minnehan

Mailing Address 283 Gallopin Hill Road

City

Hopkinton

State

NH

Zip Code

03229-3402

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Hampshire Hospital Association

Occupation

V.P., Finance and Rural Hospitals

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

267.20

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 08 / 28 / 2015

Transaction ID : 22679793

Amount of Each Receipt this Period

16.70

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

84.95

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 49 OF 115

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Michael Caruso MD

Mailing Address 114 Elm Street

City	State	Zip Code
Wheeling	WV	26003-6010

FEC ID number of contributing federal political committee.

C

Name of Employer

Ohio Valley Medical Center

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	26	/	2015

Transaction ID : 22679801

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Wallace J. Horne MD

Mailing Address 100 Portage Place

City	State	Zip Code
Bluefield	WV	24701-8963

FEC ID number of contributing federal political committee.

C

Name of Employer

Princeton Community Hospital

Occupation

VP Medical Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	26	/	2015

Transaction ID : 22679802

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. David B Darden

Mailing Address 119 Montgomery Lane

City	State	Zip Code
Daniels	WV	25832-9739

FEC ID number of contributing federal political committee.

C

Name of Employer

Raleigh General Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	26	/	2015

Transaction ID : 22679803

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ▶

1250.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Tony J. Gregory

Mailing Address 1158 Creekstone Ridge

City

South Charleston

State

WV

Zip Code

25309-9473

FEC ID number of contributing
federal political committee.

C

Name of Employer

West Virginia Hospital Association

Occupation

VP Legislative Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		2	6		2	0	1	5		

Transaction ID : 22679805

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ms. Mary Beth Barr RN

Mailing Address 217 Woodlawn Drive

City

Petersburg

State

WV

Zip Code

26847-1019

FEC ID number of contributing
federal political committee.

C

Name of Employer

Grant Memorial Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		2	6		2	0	1	5		

Transaction ID : 22679806

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Randolph Harrison

Mailing Address 3980 Hidden Acres Circle

City

North Fort Myers

State

FL

Zip Code

33903-7100

FEC ID number of contributing
federal political committee.

C

Name of Employer

Raleigh General Hospital

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		2	6		2	0	1	5		

Transaction ID : 22679807

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mrs. Sue E Johnson-Phillippe FACHE

Mailing Address 431 Fairlawn Drive

City State Zip Code
 Buckhannon WV 26201-3506

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Joseph's Hospital of Buckhannon

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 26 / 2015

Transaction ID : 22679809

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Jeffrey Lilley

Mailing Address 277 Thomas Jefferson Drive

City State Zip Code
 Princeton WV 24739-7625

FEC ID number of contributing
federal political committee.

C

Name of Employer

Princeton Community Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 26 / 2015

Transaction ID : 22679814

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Daris Rosencrance

Mailing Address 139 Meadland Meadows Road

City State Zip Code
 Flemington WV 26347-6353

FEC ID number of contributing
federal political committee.

C

Name of Employer

Monongalia General Hospital

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 26 / 2015

Transaction ID : 22679816

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 52 OF 115

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Richard M Ash

Mailing Address 450 Eastvold Avenue

City

Ortonville

State

MN

Zip Code

56278-1252

FEC ID number of contributing
federal political committee.

C

Name of Employer

United Hospital District

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	8		2	0	1	5

Transaction ID : 22679845

Amount of Each Receipt this Period

42.50

Full Name (Last, First, Middle Initial)

B. Ms. Kathryn G. Correia

Mailing Address 559 Capitol Boulevard, 6-South

City

Saint Paul

State

MN

Zip Code

55103-2101

FEC ID number of contributing
federal political committee.

C

Name of Employer

HealthEast Care System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	8		2	0	1	5

Transaction ID : 22679846

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Ms. Mary B Maertens FACHE

Mailing Address 300 South Bruce Street

City

Marshall

State

MN

Zip Code

56258-3901

FEC ID number of contributing
federal political committee.

C

Name of Employer

Avera Marshall Regional Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	8		2	0	1	5

Transaction ID : 22679849

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)..... ►

667.50

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Michael Schramm

Mailing Address 301 Becker Avenue SW

City

Willmar

State

MN

Zip Code

56201-3302

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rice Memorial Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	8		2	0	1	5

Transaction ID : 22679850

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Larry A Schulz

Mailing Address P O Box 728

City

Fergus Falls

State

MN

Zip Code

56538-0728

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lake Region Healthcare

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	8		2	0	1	5

Transaction ID : 22679851

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Clark P Christianson

Mailing Address P O Box 850429

City

Mobile

State

AL

Zip Code

36685-0429

FEC ID number of contributing
federal political committee.

C

Name of Employer

Providence Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	1	5

Transaction ID : 22680523

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Linda U Jordan

Mailing Address P O Box 1270

City

Ashland

State

AL

Zip Code

36251-1270

FEC ID number of contributing
federal political committee.

C

Name of Employer

Clay County Hospital

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	1	5

Transaction ID : 22680524

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mr. Todd S Kennedy

Mailing Address 50 Medical Park East Drive

City

Birmingham

State

AL

Zip Code

35235-9987

FEC ID number of contributing
federal political committee.

C

Name of Employer

Providence Hospital

Occupation

Executive Vice President and Chief Ope

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	1	5

Transaction ID : 22680525

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Brian Spraberry

Mailing Address 161 Bristol Lane

City

Birmingham

State

AL

Zip Code

35242-6876

FEC ID number of contributing
federal political committee.

C

Name of Employer

Callahan Eye Foundation Hospital

Occupation

President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	1	5

Transaction ID : 22680526

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

2000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 55 OF 115
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms Myra Aultman RN, MNA

Mailing Address 3030 Griffith Bend Rd

City

Talladega

State

AL

Zip Code

35160-8111

FEC ID number of contributing
federal political committee.

C

Name of Employer

Callahan Eye Foundation Hospital

Occupation

Chief Nursing Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	25	/	2015

Transaction ID : 22680527

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Mr. James Clements

Mailing Address P O Box 1108

City

Cullman

State

AL

Zip Code

35056-1108

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cullman Regional Medical Center

Occupation

Interim Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	25	/	2015

Transaction ID : 22680528

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Mr. Clay Holderman

Mailing Address P O Box 26666

City

Albuquerque

State

NM

Zip Code

87125-6666

FEC ID number of contributing
federal political committee.

C

Name of Employer

Presbyterian Hospital

Occupation

Chief Operating Officer-Central Delive

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	26	/	2015

Transaction ID : 22680536

Amount of Each Receipt this Period

375.00

SUBTOTAL of Receipts This Page (optional)..... ►

1075.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 OF 115

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Rosanna D. Morris RN, BSN, M

Mailing Address 11929 N 58th St

City State Zip Code
 Omaha NE 68152-1403

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nebraska Medicine - Bellevue

Occupation
Interim Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 25 / 2015

Transaction ID : 22680555

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. James Crouch

Mailing Address 5632 State Highway P

City State Zip Code
 Albany MO 64402-8249

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northwest Medical Center

Occupation
Vice President Technical Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 28 / 2015

Transaction ID : 22680584

Amount of Each Receipt this Period

450.00

Full Name (Last, First, Middle Initial)

C. Ms Lorie L Herrman RN, MSN, C

Mailing Address 4538 NE Alhambra Drive

City State Zip Code
 Lees Summit MO 64064-2079

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Mary's Medical Center

Occupation
Chief Nursing Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 28 / 2015

Transaction ID : 22680586

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1200.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Sheryl Rickard

Mailing Address 520 North Third Avenue

City

Sandpoint

State

ID

Zip Code

83864-1507

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bonner General Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 25 / 2015

Transaction ID : 22680723

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. James L Angle FACHE

Mailing Address P O Box 409

City

Twin Falls

State

ID

Zip Code

83303-0409

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Luke's Magic Valley Medical Center

Occupation

Regional Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 25 / 2015

Transaction ID : 22680724

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr Brian Whitlock

Mailing Address 5003 W. Grey Towers Drive

City

Meridian

State

ID

Zip Code

83642-9282

FEC ID number of contributing
federal political committee.

C

Name of Employer

Idaho Hospital Association

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 25 / 2015

Transaction ID : 22680725

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. David C Pate MD, JD

Mailing Address 420 West Idaho Street

City

Boise

State

ID

Zip Code

83702-6041

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Luke's Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 25 / 2015

Transaction ID : 22680726

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Rod Barton

Mailing Address 1501 Hiland Avenue

City

Burley

State

ID

Zip Code

83318-2682

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cassia Regional Medical Center

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 25 / 2015

Transaction ID : 22680727

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ms. Barbara Wells

Mailing Address 700 South Main Street

City

Moscow

State

ID

Zip Code

83843-3056

FEC ID number of contributing
federal political committee.

C

Name of Employer

Gritman Medical Center

Occupation

Board Member

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 25 / 2015

Transaction ID : 22680728

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. B J Swanson

Mailing Address 1121 Lamb Road

City	State	Zip Code
Troy	ID	83871-9619

FEC ID number of contributing
federal political committee.

C

Name of Employer

Gritman Medical Center

Occupation

Board Chair

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		2	5		2	0	1	5		

Transaction ID : 22680729

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms. Elizabeth Concordia

Mailing Address 2315 East Harmony Road, Suite 200

City	State	Zip Code
Fort Collins	CO	80528-8620

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Colorado Health

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		3	1		2	0	1	5		

Transaction ID : 22681861

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Mr. Kevin L Unger FACHE

Mailing Address 2500 Rocky Mountain Avenue

City	State	Zip Code
Loveland	CO	80538-9004

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical Center of the Rockies

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		3	1		2	0	1	5		

Transaction ID : 22681870

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Dennis J Dooley MD

Mailing Address 63 Dogwood Lane

City
Newtown

State
PA

Zip Code
18940-9653

FEC ID number of contributing
federal political committee.

C

Name of Employer

Capital Health

Occupation

Vice President Planning and Developmen

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

08 / 28 / 2015

Transaction ID : 22681962

Amount of Each Receipt this Period

260.00

Full Name (Last, First, Middle Initial)

B. Ms. Theresa L. Edelstein

Mailing Address 27 Harvest Lane

City
Livingston

State
NJ

Zip Code
07039-2750

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Vice President Continuing Care Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

236.60

Date of Receipt

08 / 28 / 2015

Transaction ID : 22681963

Amount of Each Receipt this Period

19.50

Full Name (Last, First, Middle Initial)

C. Mr. Neil Eicher

Mailing Address 760 Alexander Road

City
Princeton

State
NJ

Zip Code
08540-6305

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Deputy Director, Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.50

Date of Receipt

08 / 28 / 2015

Transaction ID : 22681964

Amount of Each Receipt this Period

19.50

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

299.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Shane Fleming

Mailing Address 5 Canterbury Court

City
Columbus

State
NJ

Zip Code
08022-2007

FEC ID number of contributing
federal political committee.

C

Name of Employer

Capital Health

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

08 / 28 / 2015

Transaction ID : 22681966

Amount of Each Receipt this Period

260.00

Full Name (Last, First, Middle Initial)

B. Mr. Erich Florentine

Mailing Address 9 Wyncroft Dr

City
Woodbine

State
NJ

Zip Code
08270-3503

FEC ID number of contributing
federal political committee.

C

Name of Employer

Inspira Medical Center-Vineland

Occupation

Chief People Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

08 / 28 / 2015

Transaction ID : 22681967

Amount of Each Receipt this Period

325.00

Full Name (Last, First, Middle Initial)

C. Mr. Eugene Grochala

Mailing Address 3 Barto Way

City
Robbinsville

State
NJ

Zip Code
08691-2421

FEC ID number of contributing
federal political committee.

C

Name of Employer

Capital Health

Occupation

Vice President Information Systems

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

08 / 28 / 2015

Transaction ID : 22681970

Amount of Each Receipt this Period

260.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

845.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Michael Guerriero

Mailing Address 760 Alexander Road

City
PrincetonState
NJZip Code
08540-6305FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

297.05

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	28	/	2015

Transaction ID : 22681971

Amount of Each Receipt this Period

33.15

Full Name (Last, First, Middle Initial)

B. Mr. Leslie D Hirsch FACHE

Mailing Address 25 Pocono Road

City
DenvilleState
NJZip Code
07834-2954FEC ID number of contributing
federal political committee.

C

Name of Employer

Saint Peter's University Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	28	/	2015

Transaction ID : 22681973

Amount of Each Receipt this Period

130.00

Full Name (Last, First, Middle Initial)

C. Mr. Sean J. Hopkins

Mailing Address 6180 Lower Mountain Road

City
New HopeState
PAZip Code
18938-5760FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Sr. VP., Health Economics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

296.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	28	/	2015

Transaction ID : 22681974

Amount of Each Receipt this Period

33.05

SUBTOTAL of Receipts This Page (optional)..... ►

196.20

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Eileen Horton

Mailing Address 633 Dutch Neck Road

City

East Windsor

State

NJ

Zip Code

08520-1103

FEC ID number of contributing
federal political committee.

C

Name of Employer

Capital Health

Occupation

Vice President, Patient Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	28	/	2015

Transaction ID : 22681975

Amount of Each Receipt this Period

260.00

Full Name (Last, First, Middle Initial)

B. Dr. Adam D Jarrett MD

Mailing Address 1064 Westwood Avenue

City

Old Tappan

State

NJ

Zip Code

07675-7211

FEC ID number of contributing
federal political committee.

C

Name of Employer

Holy Name Medical Center

Occupation

Executive Vice President and Chief Med

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	28	/	2015

Transaction ID : 22681977

Amount of Each Receipt this Period

227.50

Full Name (Last, First, Middle Initial)

C. Mr. David P. Lavins

Mailing Address 10 Fox Chase Road

City

Malvern

State

PA

Zip Code

19355-3441

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

412.10

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	28	/	2015

Transaction ID : 22681981

Amount of Each Receipt this Period

54.60

SUBTOTAL of Receipts This Page (optional)..... ►

542.10

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Patricia Ostaszewski MS, CRRN,

Mailing Address 54 Bay Way

City

State

Zip Code

Brick

NJ

08723-7361

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

HEALTHSOUTH Rehabilitation Hospital of

Chief Executive Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

08 / 28 / 2015

Transaction ID : 22681988

Amount of Each Receipt this Period

325.00

Full Name (Last, First, Middle Initial)

B. Dr. Joseph Reichman MD

Mailing Address 121 Barton Avenue

City

State

Zip Code

Voorhees

NJ

08043-4699

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Meridian Health

Vice President Medical Affairs and Cli

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

08 / 28 / 2015

Transaction ID : 22681990

Amount of Each Receipt this Period

325.00

Full Name (Last, First, Middle Initial)

C. Dr. Kenneth Sable MD

Mailing Address 12 Masestic Woods Drive

City

State

Zip Code

Monroe Township

NJ

08831-5872

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Meridian Health

President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

08 / 28 / 2015

Transaction ID : 22681992

Amount of Each Receipt this Period

1300.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1950.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Clare Sapienza-Eck

Mailing Address 7712 Central Avenue, West

City

Sea Isle City

State

NJ

Zip Code

08243-1236

FEC ID number of contributing
federal political committee.

C

Name of Employer

Inspira Health Network

Occupation

Vice President Strategic Planning and

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2015

Transaction ID : 22681993

Amount of Each Receipt this Period

325.00

Full Name (Last, First, Middle Initial)

B. Mr. Roger D. Sarao Jr.

Mailing Address 4 Poppy Lane

City

Howell

State

NJ

Zip Code

07731-1451

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

VP Health Economics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2015

Transaction ID : 22681994

Amount of Each Receipt this Period

19.50

Full Name (Last, First, Middle Initial)

C. Mr. John Slotman

Mailing Address 760 Alexander Road

City

Princeton

State

NJ

Zip Code

08540-6305

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

VP, GME and Teaching Hospital Issues

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

392.59

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2015

Transaction ID : 22681997

Amount of Each Receipt this Period

46.80

SUBTOTAL of Receipts This Page (optional)..... ►

391.30

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Todd Anderson

Mailing Address 3965 Southern Boulevard

City	State	Zip Code
Dayton	OH	45429-1229

FEC ID number of contributing
federal political committee.

C

Name of Employer

Grandview Medical Center

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2015

Transaction ID : 22682019

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Luis ChanagaMailing Address 255 Clover Ln
Apt. H

City	State	Zip Code
Beavercreek	OH	45440-4519

FEC ID number of contributing
federal political committee.

C

Name of Employer

Grandview Medical Center

Occupation

VP, Finance/Operations & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2015

Transaction ID : 22682020

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Roy G Chew PhD

Mailing Address 3535 Southern Boulevard

City	State	Zip Code
Kettering	OH	45429-1221

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kettering Medical Center

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2015

Transaction ID : 22682021

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 67 OF 115
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Ron D Connovich

Mailing Address 5406 Utica Rd

City

Waynesville

State

OH

Zip Code

45068-9365

FEC ID number of contributing
federal political committee.

C

Name of Employer

Soin Medical Center

Occupation

Chief Financial Officer and Chief Oper

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2015

Transaction ID : 22682022

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ms. Teresa M Day

Mailing Address 4533 Southern Blvd

City

Kettering

State

OH

Zip Code

45429-1118

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kettering Health Network

Occupation

Executive Vice President

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2015

Transaction ID : 22682024

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Richard Haas FACHE

Mailing Address 405 Grand Avenue

City

Dayton

State

OH

Zip Code

45405-4720

FEC ID number of contributing
federal political committee.

C

Name of Employer

Grandview Medical Center

Occupation

President

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2015

Transaction ID : 22682025

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 68 OF 115
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Rebecca Lewis

Mailing Address 3065 King James Dr

City

Beavercreek

State

OH

Zip Code

45432-2473

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kettering Health Network

Occupation

Senior VP Administration

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	7		2	0	1	5

Transaction ID : 22682026

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Edward Mann

Mailing Address 69 Christman Drive

City

Springboro

State

OH

Zip Code

45066-9065

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kettering Health Network

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	7		2	0	1	5

Transaction ID : 22682027

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Michael Mewhirter

Mailing Address 494 Sycamore Woods Dr

City

Miamisburg

State

OH

Zip Code

45342-5745

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fort Hamilton Hospital

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	7		2	0	1	5

Transaction ID : 22682028

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Mark T. Smith JD, CPA

Mailing Address 630 Eaton Avenue

City

Hamilton

State

OH

Zip Code

45013-2767

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fort Hamilton Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		17		2015

Transaction ID : 22682034

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Walter Sackett

Mailing Address 4000 Miamisburg-Centerville Road

City

Miamisburg

State

OH

Zip Code

45342-7615

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sycamore Medical Center

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		17		2015

Transaction ID : 22682035

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Russell Wetherell

Mailing Address 405 Grand Avenue

City

Dayton

State

OH

Zip Code

45405-4720

FEC ID number of contributing
federal political committee.

C

Name of Employer

Grandview Medical Center

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		17		2015

Transaction ID : 22682036

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Terry M Burns

Mailing Address 1141 North Monroe Drive
#3

City State Zip Code
Xenia OH 45385-1619

FEC ID number of contributing
federal political committee.

C

Name of Employer

Greene Memorial Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 17 2015

Transaction ID : 22682037

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Steven Chavez

Mailing Address 4761 Mad River RD

City State Zip Code
Kettering OH 45429-2120

FEC ID number of contributing
federal political committee.

C

Name of Employer

Greene Memorial Hospital

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 17 2015

Transaction ID : 22682038

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr Timothy Ko

Mailing Address 265 Reed Rd
Apt. L

City State Zip Code
Dayton OH 45440-4526

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kettering Health Network

Occupation

Vice President, Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 17 2015

Transaction ID : 22682039

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Clifton Patten

Mailing Address 2381 Shelterwood Dr.

City

Kettering

State

OH

Zip Code

45409-1915

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kettering Health Network

Occupation

VP Finance and Decision Support

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 17 / 2015

Transaction ID : 22682040

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ms Debbie Hayes

Mailing Address 2139 Auburn Avenue

City

Cincinnati

State

OH

Zip Code

45219-2906

FEC ID number of contributing
federal political committee.

C

Name of Employer

Christ Hospital

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 17 / 2015

Transaction ID : 22682042

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Ms. Mary L. Gallagher

Mailing Address 155 East Broad Street,
15th Floor

City

Columbus

State

OH

Zip Code

43215-3609

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ohio Hospital Association

Occupation

Vice President & General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 17 / 2015

Transaction ID : 22682045

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Steven Glass

Mailing Address 9500 Euclid

City State Zip Code
 Cleveland OH 44195-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Cleveland Clinic Health System

Occupation
 Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 17 2015

Transaction ID : 22682066

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Michael Anderson MD

Mailing Address 11100 Euclid Avenue

City State Zip Code
 Cleveland OH 44106-1716

FEC ID number of contributing
federal political committee.

C

Name of Employer
 University Hospitals Case Medical Cent

Occupation
 Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 17 2015

Transaction ID : 22682067

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. William Annable

Mailing Address 2464 Guilford RD

City State Zip Code
 Cleveland Heights OH 44118-4104

FEC ID number of contributing
federal political committee.

C

Name of Employer
 University Hospitals

Occupation
 Chief Quality Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 17 2015

Transaction ID : 22682068

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Peter S Brumleve

Mailing Address 26400 George Zeiger Dr

City

Beachwood

State

OH

Zip Code

44122-7510

FEC ID number of contributing
federal political committee.

C

Name of Employer

University Hospitals

Occupation

Chief Marketing Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 17 / 2015

Transaction ID : 22682075

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Cliff A Megerian MD

Mailing Address 23649 Stanford Rd

City

Shaker Heights

State

OH

Zip Code

44122-2672

FEC ID number of contributing
federal political committee.

C

Name of Employer

University Hospitals

Occupation

Chairman, Otolaryngology

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 17 / 2015

Transaction ID : 22682076

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Warren Selman

Mailing Address 2665 Endicott Rd

City

Shaker Heights

State

OH

Zip Code

44120-1309

FEC ID number of contributing
federal political committee.

C

Name of Employer

University Hospitals

Occupation

Chairman, Neurological Institute

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 17 / 2015

Transaction ID : 22682077

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Steven Standley

Mailing Address 3605 Warrensville Center Rd # MSC9

City State Zip Code
 Beachwood OH 44122-5203

FEC ID number of contributing
federal political committee.

C

Name of Employer
 St. Vincent Charity Medical Center

Occupation
 Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 17 / 2015

Transaction ID : 22682078

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Paul Tait

Mailing Address 6560 Thorntree Drive

City State Zip Code
 Brecksville OH 44141-1769

FEC ID number of contributing
federal political committee.

C

Name of Employer
 University Hospitals

Occupation
 Sr VP, Strategic Planning & Bus Develo

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 17 / 2015

Transaction ID : 22682079

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Thomas F Zenty III

Mailing Address 11100 Euclid Avenue

City State Zip Code
 Cleveland OH 44106-1716

FEC ID number of contributing
federal political committee.

C

Name of Employer
 University Hospitals

Occupation
 President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 17 / 2015

Transaction ID : 22682080

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. George Lewis

Mailing Address 3965 Southern Blvd

City

Kettering

State

OH

Zip Code

45429-1229

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kettering Health Network

Occupation

Vice President

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 17 / 2015

Transaction ID : 22682081

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Fred M Manchur

Mailing Address 3965 Southern Boulevard

City

Dayton

State

OH

Zip Code

45429-1229

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kettering Health Network

Occupation

Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 17 / 2015

Transaction ID : 22682082

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Douglas R Ekeren

Mailing Address 501 Summit Avenue

City

Yankton

State

SD

Zip Code

57078-3899

FEC ID number of contributing
federal political committee.

C

Name of Employer

Avera Sacred Heart Hospital

Occupation

Regional President and Chief Executive

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 25 / 2015

Transaction ID : 22682323

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Thomas A Clark

Mailing Address 525 North Foster

City

Mitchell

State

SD

Zip Code

57301-2966

FEC ID number of contributing
federal political committee.

C

Name of Employer

Avera Queen of Peace Hospital

Occupation

Regional President and Chief Executive

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	25	/	2015

Transaction ID : 22682539

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Bob Sutton

Mailing Address 2026 Lancaster Lane

City

Pierre

State

SD

Zip Code

57501-4901

FEC ID number of contributing
federal political committee.

C

Name of Employer

Avera Health

Occupation

Vice President Community Relations

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	25	/	2015

Transaction ID : 22682562

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Mr. Richard Molseed

Mailing Address 800 S Outlook Dr

PO Box 5045

City

Sioux Falls

State

SD

Zip Code

57106-4609

FEC ID number of contributing
federal political committee.

C

Name of Employer

Avera Health

Occupation

Senior Vice President

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	25	/	2015

Transaction ID : 22682599

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1050.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Eric C Hilmo

Mailing Address 3909 S Spencer Blvd.

City

Sioux Falls

State

SD

Zip Code

57103-4702

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sanford Canton-Inwood Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		2	5		2	0	1	5		

Transaction ID : 22682601

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms. Deb Fischer-Clemens

Mailing Address 3217 W Zephyr Pl #1

City

Sioux Falls

State

SD

Zip Code

57108-5029

FEC ID number of contributing
federal political committee.

C

Name of Employer

Avera Health

Occupation

Senior Vice President, Avera Center fo

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		2	5		2	0	1	5		

Transaction ID : 22682602

Amount of Each Receipt this Period

175.00

Full Name (Last, First, Middle Initial)

C. Ms. Angela K Svihovec

Mailing Address P O Box 580

City

Mobridge

State

SD

Zip Code

57601-0580

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mobridge Regional Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		2	5		2	0	1	5		

Transaction ID : 22682606

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

675.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Steve Goetsch

Mailing Address 2320 Sienna Circle

City

State

Zip Code

Tea

SD

57064-2334

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sanford Health

Occupation

Director

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 25 / 2015

Transaction ID : 22682609

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Paul A Hanson

Mailing Address 1305 West 18th Street

City

State

Zip Code

Sioux Falls

SD

57105-0401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sanford USD Medical Center

Occupation

President

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 25 / 2015

Transaction ID : 22682611

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Gale N Walker

Mailing Address 401 West Glynn Drive

City

State

Zip Code

Parkston

SD

57366-9605

FEC ID number of contributing
federal political committee.

C

Name of Employer

Avera St. Benedict Health Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 25 / 2015

Transaction ID : 22682617

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Curt Hohman

Mailing Address 47931 Oak Ridge Place

City

Harrisburg

State

SD

Zip Code

57032-8239

FEC ID number of contributing
federal political committee.

C

Name of Employer

Avera McKennan Hospital and University

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 25 / 2015

Transaction ID : 22683887

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms. Melinda Reid Hatton

Mailing Address 800 10th Street, NW
Two CityCenter, Suite 400

City

Washington

State

DC

Zip Code

20001-5188

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Vice President & General Course

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.99

Date of Receipt

08 / 31 / 2015

Transaction ID : PR1045726235436

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. David Schulke

Mailing Address 155 N. Wacker Dr.

City

Chicago

State

IL

Zip Code

60606-1709

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

VP Research Programs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.99

Date of Receipt

08 / 31 / 2015

Transaction ID : PR1057462135436

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

403.88

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Sarah B. Macchiarola

Mailing Address 800 10th Street, NW

Two CityCenter, Suite 400

City

Washington

State

DC

Zip Code

20001-5188

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.99

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR1082532735436

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Barbara Jellen

Mailing Address 206 N Royal St

City

Alexandria

State

VA

Zip Code

22314-2627

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Section Director, Constituency Section

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.99

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR1113464235436

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Lisa Allen

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Sr. Vice President, Chief Human Resour

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.99

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR1118928235436

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

80.82

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 OF 115

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Dale A Kirby

Mailing Address P O Box 331

City	State	Zip Code
Colusa	CA	95932-0331

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Association-ChicagoOccupation
Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR1125892335436

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Mary Meadows

Mailing Address 155 North Wacker Drive

City	State	Zip Code
Chicago	IL	60606-1787

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Association-ChicagoOccupation
Director of Professional Practice, AON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR1260472935436

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. Jack A. Mackay

Mailing Address One North Franklin

City	State	Zip Code
Chicago	IL	60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Association-ChicagoOccupation
Vice President & CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.08

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR1347703635436

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

142.36

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Susan Gergely MBA

Mailing Address 155 North Wacker Drive

City

Chicago

State

IL

Zip Code

60606-1787

FEC ID number of contributing
federal political committee.

C

Name of Employer

AONE

Occupation

Chief Operating Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

228.99

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR1347791035436

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Heather Drevna

Mailing Address 3205 Ravensworth PL

City

Alexandria

State

VA

Zip Code

22302-2107

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Vice President, Advocacy and Member Co

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

228.99

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR1348169735436

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Sharon Allen

Mailing Address 155 N. Wacker

City

Chicago

State

IL

Zip Code

60606-1787

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association

Occupation

Senior Executive Director, Business Se

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

228.99

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR1474886235436

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

80.82

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 83 OF 115

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Mark Colucci

Mailing Address 1061 N Penny Ln

City

Palatine

State

IL

Zip Code

60067-1821

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

National Director Sponsorship and Unde

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.08

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR1475133735436

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Fannie D. Wade

Mailing Address 7706 Heartwood Lane

City

Upper Marlboro

State

MD

Zip Code

20772-4323

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Executive Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.99

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR1476385735436

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

c. Ms. Monica D DayMailing Address 4301 Telfair Blvd
B219

City

Suitland

State

MD

Zip Code

20746-4297

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Political Affairs Coordinator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.99

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR1516850635436

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

92.36

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 OF 115

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Elisa Arespacochaga

Mailing Address One North Franklin

City	State	Zip Code
Chicago	IL	60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Associate Director, Constituency Secti

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR1555656235436

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Kathy Poole

Mailing Address One North Franklin

City	State	Zip Code
Chicago	IL	60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Director, Governance Projects

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR1589439935436

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Kimberly Baker

Mailing Address One North Franklin

City	State	Zip Code
Chicago	IL	60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Director Travel Meeting Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR1590809135436

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

80.82

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 85 OF 115

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Bob Kehoe

Mailing Address 155 North Wacker Drive, Suite 400

City

Chicago

State

IL

Zip Code

60606-1719

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Executive Editor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.99

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR1625368335436

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. Bill Ladewski

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Membership Associate, Center for Healt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.99

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR1625369135436

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Joan M. M Ryzner

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Education Program Manager, HRET

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.99

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR1625587835436

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

80.82

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 86 OF 115

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Monique Showalter

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Director, Marketing AHA Solutions, Inc

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

228.99

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR1625602235436

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. Stephen Hines

Mailing Address 155 North Wacker Drive

City

Chicago

State

IL

Zip Code

60606-1709

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

VP, Research HRET

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

228.99

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR1648726635436

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. Erik RasmussenMailing Address 800 10th Street, NW
Two CityCenter, Suite 400

City

Washington

State

DC

Zip Code

20001-5188

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

653.99

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR1819487935436

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

130.82

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 87 OF 115

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Aimee Kuhlman

Mailing Address 800 10th Street, NW

Two CityCenter, Suite 400

City

Washington

State

DC

Zip Code

20001-5188

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director Fed. Relatio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.99

Date of Receipt

08 / 31 / 2015

Transaction ID : PR1877582335436

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Shari Dexter

Mailing Address 800 10th Street, NW

Two CityCenter, Suite 400

City

Washington

State

DC

Zip Code

20001-5188

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Director, Political Action

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.08

Date of Receipt

08 / 31 / 2015

Transaction ID : PR1878189835436

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms Beverly Hancock

Mailing Address 155 N. Wacker Dr.

City

Chicago

State

IL

Zip Code

60606-1787

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Dir Educational Programs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.99

Date of Receipt

08 / 31 / 2015

Transaction ID : PR1913189335436

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

92.36

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 88 OF 115

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Joanna Kim

Mailing Address 800 10th Street, NW

Two CityCenter, Suite 400

City

Washington

State

DC

Zip Code

20001-5188

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director, Policy

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.99

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR1913190535436

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Evelyn Knolle

Mailing Address 800 10th Street, NW

Two CityCenter, Suite 400

City

Washington

State

DC

Zip Code

20001-5188

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director, Policy -TR

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.08

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR1913190735436

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Juanita Myrick

Mailing Address 800 10th Street, NW

Two CityCenter, Suite 400

City

Washington

State

DC

Zip Code

20001-5188

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Director, Employee Relations

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.50

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR1913192535436

Amount of Each Receipt this Period

27.00

P/R Deduction (\$13.50 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

92.42

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 89 OF 115

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Jennifer Schleman

Mailing Address 800 10th Street, NW

Two CityCenter, Suite 400

City

Washington

State

DC

Zip Code

20001-5188

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director, Media Relat

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.08

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR1913194035436

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Janet Henderson

Mailing Address 155 North Wacker Drive

City

Chicago

State

IL

Zip Code

60606-1709

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Director, Member Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

562.28

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR1937843135436

Amount of Each Receipt this Period

97.28

P/R Deduction (\$48.64 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Diane Jones

Mailing Address 800 10th Street, NW

Two CityCenter, Suite 400

City

Washington

State

DC

Zip Code

20001-5188

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Sr Assoc Dir Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.08

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR1943461535436

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

174.24

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 90 OF 115

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Stacey Chappell

Mailing Address 155 North Wacker Drive

City State Zip Code
 Chicago IL 60606-1787

FEC ID number of contributing
federal political committee.

C

Name of Employer

AONE

Occupation

Senior Communications Specialist, Advo

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.99

Date of Receipt

08 / 31 / 2015

Transaction ID : PR1963876235436

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms Kristina Weger

Mailing Address 800 10th Street NW
 Two CityCenter, Suite 400

City State Zip Code
 Washington DC 20001-5188

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.49

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2058887035436

Amount of Each Receipt this Period

45.46

P/R Deduction (\$22.73 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mr Travis E Robey

Mailing Address 800 10th Street NW
 Two CityCenter, Suite 400

City State Zip Code
 Washington DC 20001-5188

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Sr Assoc Dir Fed Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.49

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2060308235436

Amount of Each Receipt this Period

45.46

P/R Deduction (\$22.73 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

117.86

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 91 OF 115

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Linda Fishman

Mailing Address 800 10th Street, NW

Two CityCenter, Suite 400

City

Washington

State

DC

Zip Code

20001-5188

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Vice President, Public Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.52

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2015

Transaction ID : PR327629135436

Amount of Each Receipt this Period

38.47

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. Michael P. McCue

Mailing Address 122 N. Greenwood Avenue

City

Park Ridge

State

IL

Zip Code

60068-3227

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.99

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2015

Transaction ID : PR327771635436

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Suzanne R. Sonik

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Director, Long-Term Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.08

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2015

Transaction ID : PR32777235436

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

153.89

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 92 OF 115

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Debra J. Stock

Mailing Address 1022 S. Harvey Avenue

City

Oak Park

State

IL

Zip Code

60304-2132

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President, Member Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.99

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR32777835436

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. Neil Jesuele

Mailing Address 155 N Wacker Dr

City

Chicago

State

IL

Zip Code

60606-1709

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.08

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR327801735436

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Pamela Austin Thompson MS, RN, FA

Mailing Address 800 10th Street, NW

Two CityCenter, Suite 400

City

Washington

State

DC

Zip Code

20001-5188

FEC ID number of contributing
federal political committee.

C

Name of Employer

AONE

Occupation

AHA Senior Vice President, CEO America

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.99

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR327812035436

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

192.36

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 93 OF 115

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Joan H. Lewis

Mailing Address 6034 North 22nd Street

City State Zip Code
 Arlington VA 22205-3408

FEC ID number of contributing
federal political committee.

C

Name of Employer
 American Hospital Association-Washingt

Occupation
 Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.08

Date of Receipt

08 / 31 / 2015

Transaction ID : PR327831735436

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. Mark Seklecki

Mailing Address 800 10th Street, NW
 Two CityCenter, Suite 400

City State Zip Code
 Washington DC 20001-5188

FEC ID number of contributing
federal political committee.

C

Name of Employer
 American Hospital Association-Washingt

Occupation
 Vice President, Political Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.99

Date of Receipt

08 / 31 / 2015

Transaction ID : PR327858035436

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. John F. Barry

Mailing Address One North Franklin

City State Zip Code
 Millis MA 60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
 American Hospital Association-Chicago

Occupation
 Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.99

Date of Receipt

08 / 31 / 2015

Transaction ID : PR327877835436

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

192.36

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 94 OF 115

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. George F. BergstromMailing Address 130 North Garland Court
#3002

City	State	Zip Code
Chicago	IL	60602-4750

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR327895735436

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Eileen M. Collins OffnerMailing Address 800 10th Street, NW
Two CityCenter, Suite 400

City	State	Zip Code
Washington	DC	20001-5188

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Director Policy Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR327906135436

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. Thomas J. Bonner FACHE

Mailing Address P.O. Box 679010

City	State	Zip Code
Austin	TX	78767-9010

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR327983735436

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

180.82

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 95 OF 115

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Richard J. Umbdenstock

Mailing Address 800 10th Street, NW

Two CityCenter, Suite 400

City

Washington

State

DC

Zip Code

20001-5188

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.99

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2015

Transaction ID : PR328132835436

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Donna J. Melkonian

Mailing Address 5545 North Wayne

City

Chicago

State

IL

Zip Code

60640-1318

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.99

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2015

Transaction ID : PR328223835436

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. Ron O. Purcell

Mailing Address 1093 N. Faldo Way

City

Eagle

State

ID

Zip Code

83616-5369

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.99

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2015

Transaction ID : PR328241435436

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

230.82

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 96 OF 115

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Richard J. Pollack

Mailing Address 3475 North Venice Street

City State Zip Code
Arlington VA 22207-4446

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
American Hospital Association-Washingt Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.99

Date of Receipt

08 / 31 / 2015

Transaction ID : PR328260935436

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Carolyn Forcina

Mailing Address 200 Clover Hill Court

City State Zip Code
Yardley PA 19067-5736

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
American Hospital Association-Chicago Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.99

Date of Receipt

08 / 31 / 2015

Transaction ID : PR328511835436

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Alicia N. Mitchell

Mailing Address 1501 N. Harrison Street

City State Zip Code
Arlington VA 22205-2726

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
American Hospital Association-Washingt Senior Vice President, Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.99

Date of Receipt

08 / 31 / 2015

Transaction ID : PR328512035436

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

230.82

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 97 OF 115

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. George Arges

Mailing Address One North Franklin St.

City State Zip Code
 Chicago IL 60606-4425

FEC ID number of contributing federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Senior Director, Health Data Managemen

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.08

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 31 2015

Transaction ID : PR328641135436

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. Anthony S Burke

Mailing Address 155 N Wacker Dr

City State Zip Code
 Chicago IL 60606-1709

FEC ID number of contributing federal political committee.

C

Name of Employer

AHA Solutions, Inc.

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.99

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 31 2015

Transaction ID : PR328913335436

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Rebecca Chickey

Mailing Address One North Franklin Street

City State Zip Code
 Chicago IL 60606-4425

FEC ID number of contributing federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

SPSA Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.08

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 31 2015

Transaction ID : PR329013435436

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

153.90

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 98 OF 115

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. John R. Combes

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

President & Chief Operating Officer, C

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.99

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR329071335436

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Robyn L. Bash

Mailing Address 800 10th Street, NW

Two CityCenter, Suite 400

City

Washington

State

DC

Zip Code

20001-5188

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Executive Director, Federal Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.99

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR329084435436

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. W. Thomas Deweese

Mailing Address 500 Interstate Boulevard South

City

Nashville

State

TN

Zip Code

37210-4634

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

AHA Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.99

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR329215735436

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

230.82

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 99 OF 115

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. John Evans

Mailing Address One North Franklin Street

City State Zip Code
 Chicago IL 60606-4425

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 American Hospital Association-Chicago Senior Vice President & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.99

Date of Receipt

08 / 31 / 2015

Transaction ID : PR329342635436

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Patricia Meersman

Mailing Address One North Franklin

City State Zip Code
 Chicago IL 60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 American Hospital Association-Chicago Senior Director Member Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.08

Date of Receipt

08 / 31 / 2015

Transaction ID : PR330343335436

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. Thomas Misfeldt

Mailing Address One North Franklin

City State Zip Code
 Chicago IL 60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 American Hospital Association-Chicago Associate Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.99

Date of Receipt

08 / 31 / 2015

Transaction ID : PR330411635436

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

142.36

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 100 OF 115

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Maureen D. MudronMailing Address 325 Seventh Street, NW
Suite 700

City	State	Zip Code
Washington	DC	20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Deputy General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR330465235436

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. Paul N. Muraca

Mailing Address 4960 138th Circle West

City	State	Zip Code
Apple Valley	MN	55124-9229

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR330475435436

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

c. Mr. Gene O'Dell

Mailing Address One North Franklin

City	State	Zip Code
Chicago	IL	60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President, Strategic Planning

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.08

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR330547735436

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

142.36

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Eileen O'Keefe

Mailing Address 172 Atteridge

City

Lake Forest

State

IL

Zip Code

60045-1715

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President, Constituency Section

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.99

Date of Receipt

08 / 31 / 2015

Transaction ID : PR330549235436

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. Anthony Spohn

Mailing Address 3219 N. Oriole

City

Chicago

State

IL

Zip Code

60634-3232

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Executive Director, Associate Membersh

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.08

Date of Receipt

08 / 31 / 2015

Transaction ID : PR331098335436

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Debi H. Tucker Esq.

Mailing Address 1101 N. Kentucky Street

City

Arlington

State

VA

Zip Code

22205-3515

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Director, State Issues Forum

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.08

Date of Receipt

08 / 31 / 2015

Transaction ID : PR331278835436

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

153.90

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Darlene S. Vanderbush

Mailing Address 26 West Glendale Ave.

City

Alexandria

State

VA

Zip Code

22301-2402

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Vice President, Operations - APP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.99

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2015

Transaction ID : PR331304235436

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Jo Ann K Webb MHA, RN

Mailing Address 800 10th Street, NW
Two CityCenter, Suite 400

City

Washington

State

DC

Zip Code

20001-5188

FEC ID number of contributing
federal political committee.

C

Name of Employer

AONE

Occupation

Senior Director of Federal Relations a

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.99

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2015

Transaction ID : PR331379135436

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Judy Weinsheimer

Mailing Address 800 10th Street, NW
Two CityCenter, Suite 400

City

Washington

State

DC

Zip Code

20001-5188

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.99

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2015

Transaction ID : PR331386935436

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

130.82

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Dale L Woodin CHFM, FASH

Mailing Address 155 North Wacker Drive, Suite 400

City State Zip Code
 Chicago IL 60606-1719

FEC ID number of contributing federal political committee.

C

Name of Employer

American Hospital Association

Occupation

Senior Executive Director Infrastructu

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.99

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 08 31 2015

Transaction ID : PR331481335436

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Megan Cundari

Mailing Address 800 10th Street, NW
 Two CityCenter, Suite 400

City State Zip Code
 Washington DC 20001-5188

FEC ID number of contributing federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.99

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 08 31 2015

Transaction ID : PR518031935436

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Laura M. Werner

Mailing Address 800 10th Street, NW
 Two CityCenter, Suite 400

City State Zip Code
 Washington DC 20001-5188

FEC ID number of contributing federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Associate Director, Political Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.08

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 08 31 2015

Transaction ID : PR560101535436

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

142.36

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Ashley B. Thompson

Mailing Address 606 S. Royal St.

City

Alexandria

State

VA

Zip Code

22314-4142

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Director, Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.99

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		3	1		2	0	1	5		

Transaction ID : PR766023735436

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Rochelle M. Archuleta

Mailing Address 800 10th Street, NW

Two CityCenter, Suite 400

City

Washington

State

DC

Zip Code

20001-5188

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.99

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		3	1		2	0	1	5		

Transaction ID : PR801366335436

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

103.88

TOTAL This Period (last page this line number only)..... ►

87097.39

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Hospital and Healthsystem Assoc. of PA (F)

Mailing Address Post Office Box 8600

City State Zip Code
Harrisburg PA 17105-8600

FEC ID number of contributing
federal political committee.

C C00128082

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

53550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 03 2015

Transaction ID : 22641142

Amount of Each Receipt this Period

23550.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

23550.00

23550.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. TD Bank

Mailing Address 901 Seventh Street, NW

City State Zip Code
 Washington DC 20001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1423.58

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 31 2015

Transaction ID : 22684006

Amount of Each Receipt this Period

223.30

Interest Earned

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

223.30

223.30

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. TD Bank

Mailing Address 901 Seventh Street, NW

City Washington State DC Zip Code 20001

Purpose of Disbursement
Bank Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 17 2015**Transaction ID : 22683993**

Amount of Each Disbursement this Period

165.92

Bank Fee

Full Name (Last, First, Middle Initial)

B. PaymentechMailing Address 14221 Dallas Parkway
Building Two

City Dallas State TX Zip Code 75254

Purpose of Disbursement
Merchant Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 04 2015**Transaction ID : 22683994**

Amount of Each Disbursement this Period

61.45

Merchant Fees

Full Name (Last, First, Middle Initial)

C. Newtek Merchant Solutions

Mailing Address 744 N 4th Street

City Milwaukee State WI Zip Code 53203

Purpose of Disbursement
Merchant Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 03 2015**Transaction ID : 22683995**

Amount of Each Disbursement this Period

111.79

Merchant Fees

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

339.16

339.16

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 108 OF 115

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Gary Palmer For Congress

Mailing Address 1919 Oxmoor Rd #235

City	State	Zip Code
Homewood	AL	35209

Purpose of Disbursement
Contribution

Candidate Name

Rep. Gary PalmerOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: AL District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2015

Transaction ID : 22640308

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Mike Rogers For Congress

Mailing Address 123 East 13th Street

City	State	Zip Code
Anniston	AL	36201

Purpose of Disbursement
Contribution

Candidate Name

Rep. Mike D. RogersOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: AL District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2015

Transaction ID : 22640314

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Majority Committee PAC

Mailing Address PO Box 10134

City	State	Zip Code
Bakersfield	CA	93389

Purpose of Disbursement
2015 Contribution

Candidate Name

Majority Committee PACOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2015

Transaction ID : 22640316

Amount of Each Disbursement this Period

5000.00

2015 Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7000.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 109 OF 115

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Buddy Carter For Congress

Mailing Address 200 E St Julian St Suite 603

City	State	Zip Code
Savannah	GA	31401

Purpose of Disbursement
Contribution

Candidate Name

Rep. Buddy Carter

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: GA District: 01

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2015

Transaction ID : 22640317

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Austin Scott For Congress Inc

Mailing Address PO Box 2530

City	State	Zip Code
Tifton	GA	31793

Purpose of Disbursement
Contribution

Candidate Name

Rep. Austin Scott

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: GA District: 08

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2015

Transaction ID : 22640318

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Robin Kelly For Congress

Mailing Address PO Box 6953

City	State	Zip Code
Chicago	IL	60680

Purpose of Disbursement
Contribution

Candidate Name

Rep. Robin Kelly

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: IL District: 02

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2015

Transaction ID : 22640319

Amount of Each Disbursement this Period

500.00

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2500.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 110 OF 115

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Richmond For CongressMailing Address 1631 Elysian Fields
Suite 150

City New Orleans State LA Zip Code 70126

Purpose of Disbursement
Contribution

Candidate Name

Rep. Cedric RichmondOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2015

Transaction ID : 22640320

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Blaine For Congress

Mailing Address PO Box 1025

City Jefferson City State MO Zip Code 65102

Purpose of Disbursement
Contribution

Candidate Name

Rep. Blaine LuetkemeyerOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: MO District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2015

Transaction ID : 22640321

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Kelly Ayotte Inc

Mailing Address PO Box 937

City Manchester State NH Zip Code 03105

Purpose of Disbursement
Contribution

Candidate Name

Sen. Kelly AyotteOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: NH District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2015

Transaction ID : 22640322

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Pallone For Congress

Mailing Address PO Box 3176

City	State	Zip Code
Long Branch	NJ	07740

Purpose of Disbursement
Contribution

Candidate Name

Rep. Frank Pallone Jr.

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
----------------	--

State: NJ District: 06

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2015

Transaction ID : 22640323

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Castro For Congress

Mailing Address PO Box 544

City	State	Zip Code
San Antonio	TX	78292

Purpose of Disbursement
Contribution

Candidate Name

Rep. Joaquin Castro

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
----------------	--

State: TX District: 20

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2015

Transaction ID : 22640324

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Olson For Congress Committee

Mailing Address PO Box 16381

City	State	Zip Code
Sugar Land	TX	77496

Purpose of Disbursement
Contribution

Candidate Name

Rep. Pete Olson

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
----------------	--

State: TX District: 22

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2015

Transaction ID : 22640325

Amount of Each Disbursement this Period

2500.00

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

8500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Friends Of Cheri Bustos

Mailing Address 1050 17th St Nw Ste 590

City Washington	State DC	Zip Code 20036
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Purpose of Disbursement
Contribution

Candidate Name

Rep. Cheri BustosOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 17

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		26		2015

Transaction ID : 22651963

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Hoyer For CongressMailing Address 700 13th Street Nw
Suite 600

City Washington	State DC	Zip Code 20005
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Purpose of Disbursement
Contribution

Candidate Name

Rep. Steny H. HoyerOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		26		2015

Transaction ID : 22651965

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Coffman For CongressMailing Address 9249 South Broadway
#200-501

City Highlands Ranch	State CO	Zip Code 80129
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Purpose of Disbursement
Contribution

Candidate Name

Rep. Mike CoffmanOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: CO District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		26		2015

Transaction ID : 22651967

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Huizenga For Congress

Mailing Address PO Box 254

City Zeeland	State MI	Zip Code 49464
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Purpose of Disbursement
Contribution

Candidate Name

Rep. Bill HuizengaOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		26		2015

Transaction ID : 22651968

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. McCollum For Congress

Mailing Address P.O. Box 14131

City St. Paul	State MN	Zip Code 55114
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Purpose of Disbursement
Contribution

Candidate Name

Rep. Betty McCollumOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: MN District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		26		2015

Transaction ID : 22651969

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Texans For Henry Cuellar Congressional CampaignMailing Address 1519 Washington Street
Suite 200

City Laredo	State TX	Zip Code 78040
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Purpose of Disbursement
Contribution

Candidate Name

Rep. Henry CuellarOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 28

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		26		2015

Transaction ID : 22651970

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. LaHood For Congress

Mailing Address P.O. Box 10735

City	State	Zip Code
Peoria	IL	61612

Purpose of Disbursement
Contribution

Candidate Name

Darin LaHoodOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2015

☐ Primary ☐ General
☒ Other (specify) ▼

State: IL District: 18

Special-General2015

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2015

Transaction ID : 22680721

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Billy Long For Congress

Mailing Address 3246 E Ridgeview St

City	State	Zip Code
Springfield	MO	65804

Purpose of Disbursement
Contribution

Candidate Name

Rep. Billy LongOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: MO District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2015

Transaction ID : 22680722

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Vern Buchanan For Congress

Mailing Address P. O. Box 48928

City	State	Zip Code
Sarasota	FL	34230

Purpose of Disbursement
Void of 04/15 Check

Candidate Name

Rep. Vern BuchananOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2015

Transaction ID : 22689036

Amount of Each Disbursement this Period

-4000.00

Void of 04/15 Check

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

-2000.00

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	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

American Hospital Association PAC

A. Orrin PAC

City	State	Zip Code
Salt Lake City	UT	84101

Transaction ID : 22690960

011

Amount of Each Disbursement this Period

Category/
Type

-1000.00

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Void of 07/15 Check

B.

Date of Disbursement

City	State	Zip Code
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Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

Mailing Address

City	State	Zip Code
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Purpose of Disbursement	
1	2
3	4
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83	84
85	86
87	88
89	90
91	92
93	94
95	96
97	98
99	100

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

[illegible]

State: District:

SUBTOTAL of Disbursements This Page (optional).....

-1000.00

TOTAL This Period (last page this line number only).....

29000.00